

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/22/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155677		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 05/25/2011	
NAME OF PROVIDER OR SUPPLIER BELL TRACE HEALTH AND LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 725 BELL TRACE CIR BLOOMINGTON, IN47408			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00090854.</p> <p>Complaint IN00090854 - Substantiated. Federal/State deficiency related to the allegation is cited at F-323.</p> <p>Survey Date: 05/25/11</p> <p>Facility number: 002574 Provider number: 155677 AIM number: N/A</p> <p>Survey team: Sharon Whiteman RN</p> <p>Census bed type: SNF: 39 Residential: 34 Total: 73</p> <p>Census payor type: Medicare: 29 Other: 44 Total: 73</p> <p>Sample: 03</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed 6/2/11 by</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0323 SS=D	<p>Jennie Bartelt, RN.</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure a resident's environment was safe from use of a lighter and smoking materials for 1 of 1 resident (Resident #A) reviewed regarding unauthorized smoking in a sample of 3. Facility staff on duty failed to thoroughly investigate and/or report timely an incident of suspected smoking. This resulted in a resident's maintaining smoking materials and a lighter in his room throughout the night shift.</p> <p>Findings include:</p> <p>Review of a "Facility Incident Reporting Form," dated 05/18/11 indicated the occurrence of an incident in Resident #A's room on 05/18/11 at 11:00 p.m. The form indicated, "Brief Description of Incident: At approximately (11:00</p>			F0323	<p>This plan of correction is to serve as Bell Trace Health and Living Center's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Bell Trace Health and Living Center or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. F323 483.25(h) FREE OF ACCIDENT HAZARDS / SUPERVISION / DEVICES 1. Resident A's lighter and smoking materials were removed from the room and he was re-educated regarding the facility smoking policy. Officers were dispatched to collect the illegal substance secured during the room search and to interview the resident. In addition, C.N.A. #1 and LPN #1 were offered education regarding timely notification of the</p>		06/20/2011

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	<p>p.m.) the CNA (CNA #1) on the Rehab unit called her charge nurse (LPN #1) to come to room (Resident #A's room) because she (CNA #1) smelled marijuana. (LPN #1) agreed that she smelled 'something' but states she did not know what it was. The patient (Resident #A) was sitting on the side of the bed, not smoking...Head-to-toe assessment of the resident revealed no injuries. Immediate Action Taken: Administrator, Director of Nursing and Director of Social Services notified. Family and physician were also notified. Preventive measures taken: Care plan meeting was conducted and information was provided to the resident about the facility policy of no smoking and the potential consequences of smoking marijuana. Resident (#A) agreed to refrain from smoking of any kind for the remainder of his stay....." The DON, Administrator, and Social Services Director were not made aware of the incident until they arrived at work the morning</p>				<p>administrator and DON regarding unusual occurrences and safety concerns. 2. All residents will receive the facility's smoking policy upon admission to the facility. In addition, all residents with a recent history of smoking will receive a smoking assessment upon admission and a care plan will be put in place regarding smoking off campus and storage of smoking supplies. 3. Facility staff will be offered education regarding identification of unusual events, and safety concerns including timely notification of the Administrator and Director of Nursing. All residents will continue to receive the facility's smoking policy upon admission. The systemic change includes: all residents with a recent history of smoking will receive a smoking assessment upon admission and a care plan will be put in place regarding storage of smoking items. All current residents that have a recent history of smoking have had a smoking assessment and care plan completed including storage of smoking items. Facility staff will immediately inform the Administrator and Director of Nursing of any unusual events or safety concerns and begin the facility'</p>		

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	after the incident occurred. A copy of a "Resident Unusual Occurrence Report Form Initial Report, indicated an incident occurred on night shift of 05/18/11 at (11:00 p.m.) (Interview of the Director of Nursing on 05/26/11 at 11:45 a.m. indicated the correct date of the incident was 05/17/11.) The report indicated the incident was reported the next morning on 05/18/11 at 08:30 a.m. The report indicated witnesses of the incident were CNA #1 and LPN #1. The report further indicated, "Describe the circumstances surrounding the incident: (CNA #1) alerted (LPN #1) that she thought (Resident #A) was smoking in room. When they both entered room found (Resident #A) sitting on side of bed, not smoking & only evidence of smoking was odor of smoke in room and hall....(No immediate actions were taken to protect the resident). What immediate steps were taken to prevent the incident from recurring: (Social Services				s Unusual Occurrence Investigation Report upon discovery of the concern. This report provides an investigation and resolution to the event. 4. The Administrator and/or designee will randomly audit 5 staff members per week to assess their skill in identifying unusual events or safety concerns and making appropriate notification. Audits will occur each month for a 6 month period. Any identified knowledge deficits will be addressed at the time of the audit. In addition, all investigation reports and smoking assessments for new admissions, including the plan of care will be audited daily at the clinical stand up meeting (Monday through Friday) for completion and accuracy. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting. This practice will continue for a six month period. Completion Date: June 20th, 2011 We respectfully request that a desk review follow-up be completed for this event.		

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	Director) and DON (Director of Nursing) confronted in morning (sic) that the night shift had reported smoking. Room was searched with him (Resident #A) in the room and lighter and very (small) marijuana cigarette were found in bed side table....Summary of interview with persons reporting the incident: (CNA #1) and (LPN #1) reported smelling smoke as in cigarette smoke in hall. Smell was stronger in room but no evidence of smoking material was observed. Summary of interview with (Resident #A): Resident admitted that he had smoked marijuana in his room. Was very embarrassed and remorseful...Summary of investigator's findings: Resident admitted smoking marijuana in his room. Room was searched twice in (Resident #A's) presence and marijuana was found on the first inspection. Bloomington Police were notified (sic) came to take the marijuana and spoke with (Resident #A). Social Services was involved to support (Resident #A). Resident						

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	<p>was remorseful and agreed to not smoke anything in his room again. Corrective action taken: (Resident #A) will receive continuing support and counseling by Social Services."</p> <p>Interview of the Social Services Director (SSD) on 05/25/11 at 11:15 a.m. indicated she was made aware of the incident when she arrived at work the next morning. The SSD indicated staff on night shift had smelled smoke and when she (SSD) was notified she and the DON went to (Resident #A's) room and searched. The SSD indicated she could still smell a "sweet odor." The SSD indicated a "lighter and a small white rolled agent" were found.</p> <p>Interview of the DON on 05/25/11 at 12:10 p.m. indicated the night shift staff did enter the resident's room and he denied smoking. The DON indicated when she and the SSD went in the resident's room the next day he was fine with them checking his room. The DON</p>						

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	<p>indicated a cigarette lighter and a marijuana cigarette was found in the resident's eye glass case. The DON indicated this (smoking items found in eye glass case) was not included in the investigative report. The DON indicated the night shift didn't search the resident's room but had told him they smelled smoke and he denied smoking. The DON indicated she could smell a faint odor of smoke the morning it was reported to her. The DON indicated she could not find anything written up by LPN #1 when she came in but was given a message to call LPN #1. The DON indicated she called the nurse and interviewed the nurse as to what had happened on the night shift. The DON indicated the facility was a smoke free environment but there was no reason the resident couldn't have smoke paraphernalia in his room. The DON indicated residents could go outside to smoke.</p> <p>Review of Resident #A's clinical record on 05/25/11 at 10:55 a.m.</p>						

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	<p>indicated the following:</p> <p>Resident #A had diagnoses which included, but were not limited to, diabetes mellitus type 2, chronic kidney disease, osteomyelitis, and status post right below knee amputation.</p> <p>A local hospital "History and Physical Examination" report, dated 05/02/11, indicated, "History of present illness: The patient (Resident #A) is a....with severe neuropathy (a disease of the nerves) He presents with swelling, bleeding of his right leg, progressive anemia and confusion. He has a known chronic right leg wound for which (physician) has operated in the past....Health Habits: Former distant smoker. No alcohol."</p> <p>A Significant Change MDS (Minimum Data Set) assessment, dated 05/18/11, indicated Resident #A had no cognitive impairment and was reliable for interview.</p>						

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	<p>A Resident Progress Note, dated 05/18/11 at 5:23 p.m., indicated, "(Resident #A) is quite remorseful regarding a reported incident of smoking in room. He admits that he was smoking an illegal substance in his room last night. (Resident #A) states that he has occasionally smoked marijuana over the last 30 years. He said that he has always had 'philosophical and scientific reasons' that he has been opposed to marijuana being an illegal substance. He states that he brought the substance into the facility himself. 'It was such a stupid thing to do. I knew that I shouldn't be doing it because I waited until late at night when not very many people were around.' (Resident #A) is afraid that he will not be able to continue his stay here because of his actions. He is embarrassed. (Resident #A) has been educated on the facility smoking policy and understands the reasons for the policy and states that he will not do it again....I assured him that we wanted him to</p>						

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	<p>continue his recovery here at Bell Trace and would anticipate his compliance with facility policies."</p> <p>A "Resident Progress Note, dated 05/20/11 at 11:52 a.m., indicated, "Visited with (Resident #A) at length. He continues to voice being remorseful regarding the incident....He states that he feels he is being treated differently and gave the example of a nurse coming in with a flash light to check his pupils. I reminded him of his fall and explained that this was part of the neuro checks initiated by nursing because of his fall...He does ask to see a therapist and a referral will be made...."</p> <p>A "Resident Progress Note, dated 05/25/11 at 10:51 a.m., indicated, "Late entry for 5/18/11. I telephoned and spoke with and informed (area Ombudsman) regarding reported incident." This entry was signed by the SSD.</p> <p>A copy of a local newspaper article</p>						

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	<p>was provided by the SSD on 05/25/11 at 12:00 p.m. The article was dated, 05/20/11. The article indicated, "Police beat: Arrests for....marijuana found at assisted living facility....Employees at the assisted living facility discovered marijuana in one of the resident's restrooms. It was confiscated and destroyed."</p> <p>Documentation titled "Community Living" (not dated) was provided by the DON on 05/25/11 at 1:10 p.m. The documentation indicated, "Rights of other residents....This community is a smoke-free environment. If you have any questions regarding this policy, please ask a staff member."</p> <p>Untitled documentation, dated 05/18/11, was provided by the DON on 05/25/11 at 12:00 p.m. This documentation indicated, "I (Resident #A), have been informed of and educated regarding the smoking policy at Bell Trace Health and Living Center. I understand</p>						

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	<p>that Bell Trace Health and Living Center has a no smoking policy. I understand that smoking is not allowed in my room, in the building, or on the campus. I understand that this policy reflects state requirements and its purpose is to insure my health and safety and the health and safety of others in the facility. During the course of my stay, I will adhere to the policies of Bell Trace Health and Living Center.</p> <p>This federal tag relates to Complaint Number IN00090854.</p> <p>3.1-45(a)(1)</p>						